



Be Clear on Cancer: First national respiratory symptoms campaign, 2016

Caveats: This summary presents the results of the metric on inpatient admissions. This is one of a series of metric summaries that will be produced for this campaign, each focusing on a different metric. A comprehensive interpretation about the campaign is not included here as this requires a full evaluation of all the metrics. The full evaluation will be part of the final campaign report which will be published in due course. These metrics should not be considered in isolation.

Inpatient admissions

The campaign

The first national respiratory symptoms campaign ran from 14 July 2016 to 16 October 2016 in England.

The campaign's key messages were:

- 'If you've had a cough for three weeks or more, it could be a sign of lung disease, including cancer. Finding it early makes it more treatable. So don't ignore it, tell your doctor.'
- 'If you get out of breath doing things you used to be able to do, it could be a sign of lung or heart disease, or even cancer. Finding it early makes it more treatable. So don't ignore it, tell your doctor.'

Metric: Inpatient admissions

This metric considers whether the first national respiratory symptoms campaign had an impact on the number of inpatient admissions for men and women aged 50 and over, and for all ages combined, with either heart failure, chronic obstructive pulmonary disease (COPD) or dyspnoea.

The data on the total number of inpatient admissions was extracted from the Hospital Episode Statistics (HES) dataset held by Public Health England. This metric compares the difference in the weekly number of inpatient admissions between the analysis period of 14 July 2016 to 14 December 2016 and the comparison period of 14 July 2015 to 14 December 2015. The campaign was considered to have a possible impact if the difference between the two periods was significant¹.

¹ The likelihood ratio test was used to evaluate significance

Key messages

The increase in the number of inpatient admission for heart failure, COPD or dyspnoea during or following the first national respiratory symptoms campaign was statistically significant when compared with the same period the year before.

Results

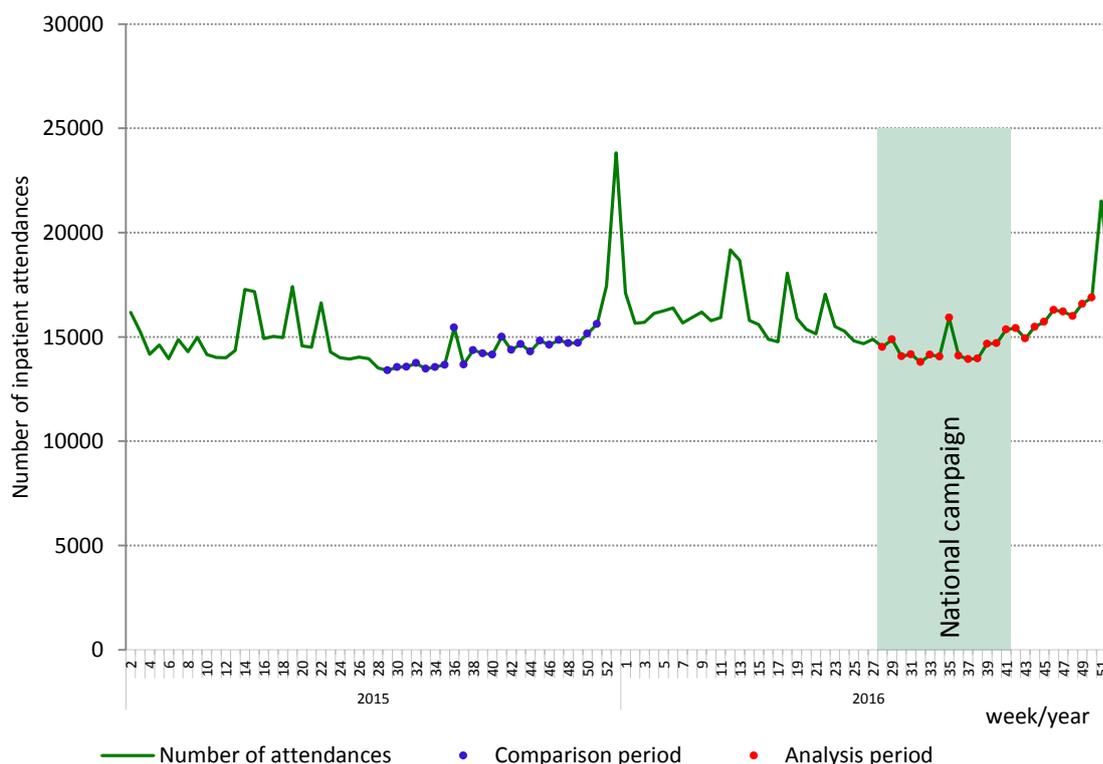
Comparing the months July 2016 to December 2016 with July 2015 to December 2015, there was a 4.9% increase in the number of admissions for individuals aged 50 and over, and a 5.8% increase in the number of admissions in all ages (Table 1, Figure 1). These changes were statistically significant.

Table 1: Number of inpatient admissions for heart failure, COPD or dyspnoea in July 2015 to December 2015 and July 2016 to December 2016, England

	Age group	July 2015 to December 2015	July 2016 to December 2016	Percentage change
Number of inpatient admissions	50 and over	329,591	345,765	4.9
	All ages	404,508	427,770	5.8

Figure 1: Number of inpatient admissions for heart failure, COPD or dyspnoea in January 2015 to December 2016, England a) 50 and over b) All ages

a) 50 and over

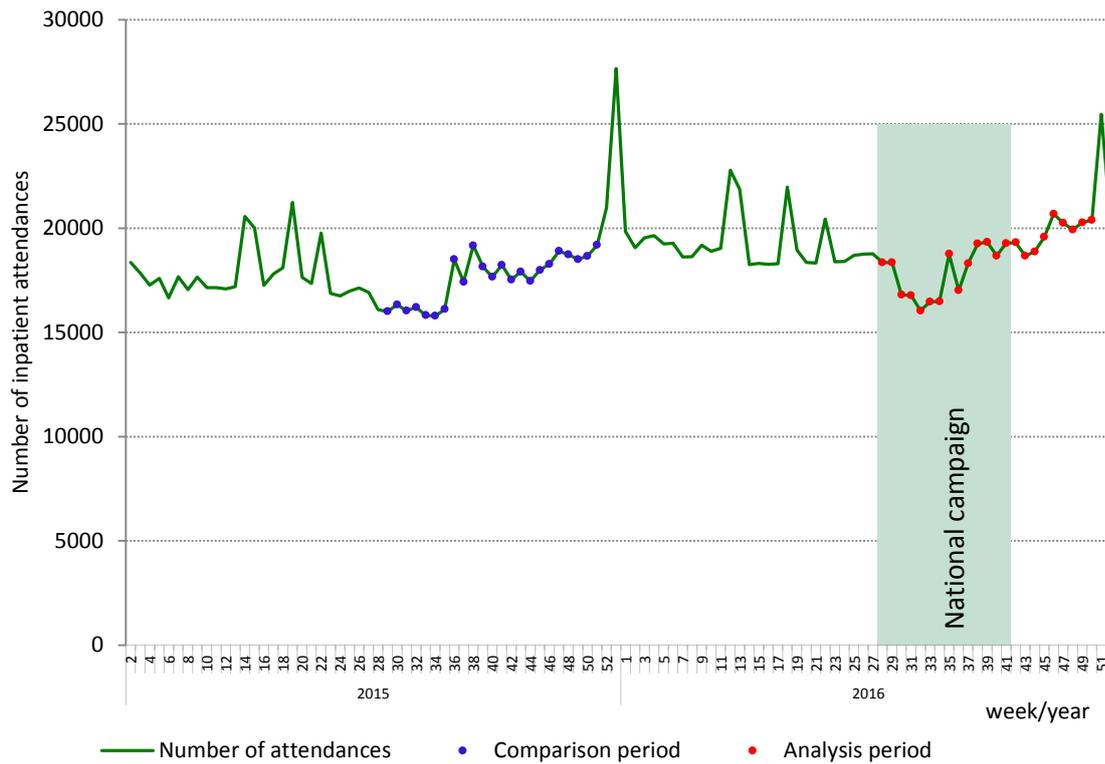


Produced by Public Health England.

Source: Hospital Episode Statistics (HES), NHS Digital. NHS Digital is the trading name of the Health and Social Care Information Centre.

Copyright © 2018, Re-used with the permission of NHS Digital. All rights reserved

b) All ages



Produced by Public Health England.

Source: Hospital Episode Statistics (HES), NHS Digital. NHS Digital is the trading name of the Health and Social Care Information Centre.

Copyright © 2018, Re-used with the permission of NHS Digital. All rights reserved

Conclusion

The first national respiratory symptoms campaign appears to have an impact on the number of inpatient admissions for heart failure, COPD or dyspnoea. The increase in the number of inpatient admissions was statistically significant in those aged 50 and over, and for all ages combined.

Other metrics being evaluated include Cancer Waiting Times referrals, conversion and detection rate, numbers of cancers diagnosed, stage at diagnosis and one-year survival. A full evaluation report will be published on the campaign metrics when all of the results are available.

Considerations

In general, cancer incidence is increasing which may have an impact on trends over time for this and other metrics, and so the results must be considered with these underlying trends in mind.

Where the results are statistically significant there is some evidence for an impact of the campaign, although underlying trends and other external factors (e.g. other awareness activities, changing referral guidance) may also affect the results.

Campaigns are more likely to have a greater impact on metrics relating to patient behaviour (eg symptom awareness and GP attendance with relevant symptoms) and use of the healthcare system (eg urgent GP referrals for suspected cancer), compared to disease metrics (eg incidence, stage at diagnosis, and survival).

Find out more about Be Clear on Cancer at:

www.ncin.org.uk/be_clear_on_cancer

www.nhs.uk/be-clear-on-cancer/